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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) 31174/30016A
Application Number	10/664,468-Conf. #4351	Filed September 17, 2003
For	METHOD AND COMPOSITION OF ANTHOCYANIN- RICH BERRY EXTRACTS THAT PREVENTS OR INHIBITS ANGIOGENESIS AND HELICOBACTER PYLORI AND ACTS AS A POWERFUL ANTIOXIDANT THAT PROVIDES VARIOUS HEALTH BENEFITS	
Art Unit	1655	Examiner M. C. Flood

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

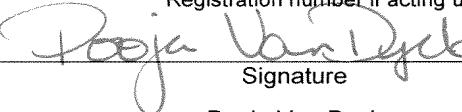
	Fee	Small Entity Fee	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65	\$ _____
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$ 490.00
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$555	\$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$ _____

- Applicant claims small entity status. See 37 CFR 1.27.
- A check in the amount of the fee is enclosed.
- Payment by credit card.
- The Director has already been authorized to charge fees in this application to a Deposit Account.
- The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 13-2855.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

- I am the applicant/inventor.
 assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
 attorney or agent of record. Registration Number 64,806
 attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34 _____


Signature

June 10, 2010

Date

Pooja Van Dyck
Typed or printed name

(312) 474-6300

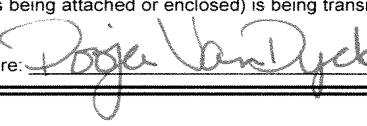
Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 1 Form is submitted.

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: June 10, 2010

Signature:  (Pooja Van Dyck)